

REC'D MAY 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *D. C. Holt*
Township *Sherman*
City (No. _____) _____

Registration District No. *268*
Primary Registration District No. *5367*

File No. *14490*
Registered No. *4*
St. _____ Ward _____

2. FULL NAME

Fannie Bryson 625
(a) Residence, No. *Union Star* St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *George Bryson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-11-1879*

7. AGE YEARS *59* MONTHS *9* DAYS *12* (LESS than 1 day, hrs. or min.)

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *housewoman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

13. NAME *Andrew Foreman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Sarah Silvers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Mrs. Donald White* (ADDRESS) *1216 Montrose St. St. Joseph, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clarksdale cemetery* DATE *April 25, 1938*

19. UNDERTAKER *H. A. Halliday* (ADDRESS) *Union Star*

20. FILED *4/25*, 1938 *Mrs. C. M. Davis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 23*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 18*, 19*38*, to *Apr 23*, 19*38*

I last saw *her* alive on *Apr 20*, 19*38*. Death is said to have occurred on the date stated above, at *6 P. M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset *4/18/38*

Other contributory causes of importance: *arterio Sclerosis*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) *C. M. Reynolds*, M. D.

(Address) *Union Star Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

